

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY HOSPITAL SOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1402 E COUNTY LINE RD S INDIANAPOLIS, IN 46227</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint Number: IN00157518 Unsubstantiated; Lack of Sufficient Evidence; Unrelated deficiency cited.</p> <p>Date of survey: 1/14/15</p> <p>Facility number: 005109</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/10/15</p>	S 000		
S 744	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4 (e)(1)</p> <p>(e) All entries in the medical record shall be:</p> <p>(1) legible and complete;</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure medical records were documented completely for 3 of 5 patients (patients #2, 4, and 5).</p> <p>Findings include:</p> <p>1. Facility policy titled "Corporate Clinical Policy</p>	S 744		3/27/15

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 744	<p>Continued From page 1</p> <p>and Procedure" effective 12/6/12 states that an admission Physical Assessment will be performed within 12 hours of admission and a Complete System Review and Assessment by an RN will be performed within 24 hours.</p> <p>2. Facility policy titled "Documentation of Intake" last reviewed/revised 9/25/13 states under policy: "The Food and Nutrition Services Department, will record the fluid intake and meal consumption information of patients as part of the hospitality associate program." and under procedure: "5. If the facility does not have a hospitality associate program recording of meal and fluid consumption and calorie count information will be the responsibility of nursing."</p> <p>3. Review of patient #2 medical record indicated the following: (B) An issue was found with documentation of meal consumption on day of discharge 8/8/14. The record lacked documentation of breakfast or lunch intake on 8/8/14 and the patient was discharged at 4:00 p.m.</p> <p>4. Review of patient #4 medical record indicated the following: (A) An issue was found with documentation of meal consumption for 8/8/14. The record lacked documentation of breakfast or lunch intake on 8/8/14 and the patient was discharged at 2:30 p.m.</p> <p>5. Review of patient #5 medical record indicated the following: (A) The medical record lacked evidence of a complete system review and assessment by an RN within 24 hours per facility policy. There were no lung assessments documented throughout the 2 day hospital stay.</p>	S 744		

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S 744	Continued From page 2  6. Staff member #6 (Nursing Administration RN/Data) verified the missing information in medical records for patients #2, 4, and 5 as indicated above in interview at 12:45 p.m. on 1/14/15.  7. Staff member #5 (Food Service Manager) indicated in phone interview at 1:50 p.m. on 1/14/15 that the meal consumption documentation is the responsibility of nursing.	S 744		